

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

D'WAYNE CARPENTER,  
PETITIONER,

v.

DAVID L. WINN, ET AL  
RESPONDENT.

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) Civil Action No. 04-CV-40043(WGY)  
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DECLARATION OF ALCIA WILLIAMS, MEDICAL OFFICER

I, Alicia Williams, hereby declare and state as follows:

1. I am employed by the United States Public Health Service, duty stationed to the Department of Justice, Federal Bureau of Prisons, as a Medical Officer, at the Federal Medical Center (FMC) in Devens, Massachusetts. I am a licensed physician in the State of Massachusetts. I have been assigned with the Federal Bureau of Prisons since July 5, 2002. Prior to being stationed with the Bureau of Prisons, I was an Epidemiologist with the Epidemic Intelligence Service at the Centers for Disease and Control and Prevention (CDC). I have worked in the field of health care for over ten years.
2. I am familiar with inmate Dwayne A. Carpenter, Register Number 05823-016, the petitioner in the above-captioned civil action. I have been advised that Mr. Carpenter has filed a Petition seeking immediate Community Corrections Center (CCC) placement.
3. Mr. Carpenter is a 42 year old male who arrived at FMC Devens on August 12, 2003. He arrived with a history of hypertension, chronic renal failure, and hepatitis C, among other medical conditions. He was transferred to FMC Devens for management of his end-stage renal failure. He had a complete physical exam on August 20, 2003, was assigned to a standard medical team, and was referred to the nephrologist on August 27, 2003.
4. As his assigned treating chronic care physician, I saw him on August 29, 2003 for his first chronic care appointment. At this time, and prior to him arriving at FMC Devens, he did not require, and therefore had no history of, dialysis treatment.
5. Between August 27<sup>th</sup>, 2003, through December 2003, Mr. Carpenter was followed closely



by our consultant nephrologist in this process to include a vascular surgeon in the course of his evaluation and work up for pending dialysis treatments. This was accomplished through numerous appointments with our consulting nephrologist and a vascular surgeon.

6. In December of 2003, Mr. Carpenter initiated dialysis treatment at FMC Devens, to include three times each week. From December 2003 through present date, Mr. Carpenter continues to receive dialysis through FMC Devens three times each week.
7. Mr. Carpenter first presented to FMC Devens medical staff on October 31, 2003 with a complaint of chest pain. When seen by the mid-level practitioner, he indicated that he had such a condition "a long time ago." Following that complaint, a staff physician consulted with the mid-level practitioner and reviewed the chart and information and subsequently referred him to a cardiologist for further evaluation. At that time, blood work was ordered and medication treatment was immediately initiated.
8. In March of 2004, Mr. Carpenter was seen by the cardiologist, who suggested an adjustment to the medications and cardiac diagnostic testing. On April 23, 2004, initial studies were completed by outside consultation, to include an exercise tolerance test with myoview. If these tests came back as positive, the recommendation was for a cardiac catheterization. The results of this test were sent to FMC Devens on May 3, 2004 and were reviewed and signed by myself on May 7, 2004. The results revealed evidence of a possible prior myocardium infarction. As a result of these tests, I met with Mr. Carpenter on May 13, 2004 to explain these findings and discuss the options. At that time, he verbalized an understanding of these issues. A scheduled cardiac catheterization was requested by myself to occur by June 2004.
9. On June 17, 2004, I saw Mr. Carpenter for another routine chronic care visit to discuss the scheduled cardiac catheterization. Subsequently on June 23, 2004, Mr. Carpenter went to the University of Massachusetts Medical Center for his cardiac catheterization. The results of this procedure revealed "normal coronary arteries." This finding ruled out the possible prior myocardium infarction indicated on the previous screening test. Following these results, he was again medically cleared for pre-release placement.
10. Additionally, on July 8, 2004, it was determined that Mr. Carpenter had a clotted AV graft, which is necessary for dialysis access. He was admitted to the University of Massachusetts Medical Center (UMass), that day, to vascular surgery for medical management of this condition. The following day, July 9, 2004, he was released back to FMC Devens and was scheduled to resume his dialysis at three time a week on July 12, 2004. However, on July 13, 2004, it was determined that complications still existed with the clotted AV graft and he was admitted to UMass for surgery on July 14, 2004 to manage this situation.

11. Mr. Carpenter returned from UMass on July 15, 2004, following successful completion of his left AV graft revision surgery.
12. At the present time, Mr. Carpenter's AV graft is functioning well and he is receiving dialysis, as scheduled, at three times a week.
13. In my medical opinion, Inmate Dwayne Carpenter, while at FMC Devens has received excellent medical care consistent with community standards. He has received consultation, assessment, and treatment from medical professionals within the institution, as well as from a nephrologist and vascular surgeon from outside medical facilities.

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

Executed this 4 day of August, 2004.



Alcia Williams, M.D.  
Medical Officer  
Federal Medical Center  
Devens, Massachusetts